Department of Labor and Industries
This form must be filled out by a Vocational Rehabilitation Counselor who has received a referral from the State Fund.

**** *Counselor is responsible for sending a copy of this form to each vendor* ****

1st 52 WEEK PERIOD
TRAINING PLAN COST ENCUMBRANCE

☐ **Original** ☐ **Modification**

Claimant:	Date	Claim Number

Billing Category and Code	Vendor Name / Provider No.	Vendor Name / Provider No.	Vendor Name / Provider No.	Vendor Name / Provider No.	Previous 1st 52 Week Plan Expenditures	Total L&I Funds
Travel - R0330						
Tuition - R0310						
Books - R0340						
Equip - R0315						
Supplies - R0312						
Child Care - R0390						
Other - R0350						
Vendor Funds * Allocated						
Dates of Service	From: To:	From: To:	From: To:	From: To:		
»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»					**Total L&I Training Funds Allocated 1st 52 Weeks:**	

*** Vendor Funds Allocated: This is the total amount of funding available to the vendor within the stated dates of service:** This total may change when additional funds are allocated or if they are recalled (due to a need to use the funding to meet other training needs). Before funds are recalled, the vocational counselor must contact the affected vendor to determine whether there are any outstanding bills. Funds cannot be recalled if they have been spent or if the vendor has an outstanding bill that will be paid. ** Vendor signature: Some vendors require their signature to confirm there are no outstanding bills. Please obtain if required by the vendor.

Recall of Funds & Vendor Verification

Dollar Amount Recalled: $, from Billing Category: , and Code:		
Vendor Representative:	Position:	Date Contacted:
Vendor Name:		Provider No.
Vendor Phone No.	Vendor FAX No.	** Vendor Signature
Reason for recall:		

Vocational Counselor:	Date	Signature
Company	Phone No.	FAX No.

For Dept Use Only

Claims Manager ☐ Approved ☐ Disapproved	Date	Phone No.	Signature

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